

MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517336

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	1			1		
4	1		1			
5	1			1		
6	2			1		
7	2			1		
8	1			1		
9	1			1		
10	1			1		
11	2			1		
12	1			1		
13	2			1		
14	1		1			
15	1			1		
16	2			1		
17	2			1		
18	1			1		
19	1			1		
20	1			1		
21	2			1		
22	1			1		
23	0			1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	27	←	20	←		←
TOTAL CLAIMS	30		23			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						